

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth stated.

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
1. County of <u>Globe</u>	BUREAU OF VITAL STATISTICS		State Index No. <u>148</u>
District of <u>Globe</u>	ORIGINAL CERTIFICATE OF BIRTH		County Registrar No. <u>218</u>
Town of <u>Globe</u>			Local Registrar No. _____
or _____			
City of _____	(If birth occurred in a hospital or institution, give its NAME instead of street and number)		St. _____ Ward _____
2. Full name of child <u>Baby Gray</u>			If child is not yet named, make supplemental report, as directed.
3. Sex of Child <u>Male</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other _____	6. Legitimate? <u>yes</u>
5. No., in order of birth _____			7. Date of birth <u>3-12-1924</u> Month Day Year
8. FATHER		14. MOTHER	
Full name <u>John Robert Gray</u>		Full maiden name <u>Alice Graham</u>	
9. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state <u>Arizona</u>		15. Residence (Usual place of abode) <u>Globe</u> If nonresident, give place and state <u>Arizona</u>	
10. Color or race <u>white</u>		16. Color or race <u>white</u>	
11. Age at last birthday <u>37</u> (Years)		17. Age at last birthday <u>26</u> (Years)	
12. Birthplace (city or place) <u>Shelbyville</u> (State or country) <u>Illinois</u>		13. Birthplace (city or place) <u>Alliance</u> (State or country) <u>Nebraska</u>	
13. Occupation Nature of industry <u>Butcher</u>		19. Occupation Nature of industry <u>Housewife</u>	
20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.)		21. Were precautions taken against ophthalmia neonatorum? <u>+</u>	
(a) Born alive and now living <u>0</u>		(b) Born alive but now dead <u>9</u>	
(c) Stillborn _____			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE			
I hereby certify that I attended the birth of this child, who was <u>stillborn</u> at <u>12:30 P.</u> on the date above stated. (Born alive or stillborn.)			
*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.		Signature <u>C. W. Adams</u> (Physician or midwife)	
Address <u>Globe, Arizona</u>			
Given name added from a supplemental report _____		Filed <u>3-20</u> 1924	
Month, day, year. _____		Filed <u>4-5</u> 1924	
Registrar. _____		Local Registrar. <u>B. J. Fox</u>	
		County Registrar. _____	

078-312-174